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In re Joseph Cabale & Mary Elaine Cabale	According to the calculations required by this statement: The applicable commitment period is 3 years.
Debtor(s)	The applicable commitment period is 5 years.
Case Number: 12-29558	Disposable income is determined under § 1325(b)(3).
(If known)	Disposable income not determined under § 1325(b)(3).
· · · · · · · · · · ·	(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedule I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

			Part I. REPO	RT OF INCOME			-	
		a.	d/filing status. Check the box that applies and com Unmarried. Complete only Column A ("Debtor's Married. Complete both Column A ("Debtor's Inc	Incomo") for I in a 2 10				
1	A si be	all figu x cale efore t	ares must reflect average monthly income received endar months prior to filing the bankruptcy case, enough filing. If the amount of monthly income varied the six-month total by six, and enter the result on the	from all sources, derived during the ding on the last day of the month		Column A Debtor's Income		Column B Spouse's Income
2	G	ross v	vages, salary, tips, bonuses, overtime, commissio	ns.	\$	6,358.00	\$	5,901.10
3	bu De	isiness o not	from the operation of a business, profession or the difference in the appropriate column(s) of Lirs, profession or farm, enter aggregate numbers and enter a number less than zero. Do not include any on Line b as a deduction in Part IV.	ne 3. If you operate more than one				
		a.	Gross receipts	\$ 0.00				
		b.	Ordinary and necessary business expenses	\$ 0.00				
		c.	Business income	Subtract Line b from Line a	\$	0.00	\$	0.00
	till	appr	nd other real property income. Subtract Line b fropriate column(s) of Line 4. Do not enter a number the operating expenses entered on Line b as a de	r less than zero. Do not include any	n 7	0.00		0.00
4		a.	Gross receipts	\$ 0.00				
		b.	Ordinary and necessary operating expenses	\$ 0.00				
		c.	Rent and other real property income	Subtract Line b from Line a	s	0.00	S	0.00
5	Int	terest,	dividends and royalties.		\$	0.00	\$	0.00
6	Pe	nsion	and retirement income.		\$	0.00	\$	0.00
7	pui deb	rpose. otor's	sof the debtor or the debtor's dependents, included to not include alimony or separate maintenance proposes. Each regular payment should be reported in Column A, do not report that payment in Column B	ling child support paid for that payments or amounts paid by the	\$		\$	0.00

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8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$	\$ 0.00	\$ 0.00
9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Lire 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.	5	
	a. \$ 0.00		
	b. \$\\$ 0.00 \\$ Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2	\$ 0.00	\$ 0.00
10	through 9 in Column B. Enter the total(s).	\$ 6,358.00	\$ 5,901.10
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.	\$	12,259.10
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PER	RIOD	
12	Enter the Amount from Line 11.		\$ 12,259.10
13	Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you calculation of the commitment period under § 13.25(b)(4) does not require inclusion of the income spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT pair regular basis for the household expenses of you or your dependents and specify, in the lines below for excluding this income (such as payment of the spouse's tax liability or the spouse's support of other than the debtor or the debtor's dependents) and the amount of income devoted to each purponecessary, list additional adjustments on a separate page. If the conditions for entering this adjust apply, enter zero. [a.	e of your id on a v, the basis persons ose. If	\$ 0.00
1	Total and enter on Line 13.		0
14	Subtract Line 13 from Line 12 and enter the result. Annualized current monthly income for §1325(b)(4). Multiply the amount from Line 14 by the	e number	\$ 12,259.10
15	12 and enter the result.		\$147,109.20
16	Applicable median family income. Enter the median family income for the applicable state and ho size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the court.)		
	a. Enter debtor's state of residence: NewJersey b. Enter debtor's household size:	4	\$105,175.00
	Application of §1325(b)(4). Check the applicable box and proceed as directed.		
17	The amount on Line 15 is less than the amount on Line 16. Check the box for "The application 3 years" at the top of page 1 of this statement and continue with this statement.		
	The amount on Line 15 is more than the amount on Line 16. Check the box for "The apprix 5 years" at the top of page 1 of this statement and continue with this statement.	olicable commi	tment period
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSA	ABLE INCO)ME
18	Enter the Amount from Line11.		\$ 12,259.10

									3
19	Marital adjustment. If you are of any income listed in Line 10, of the debtor or the debtor's dep income (such as payment of the or the debtor's dependents) and tadjustments on a separate page.	Column B that was endents. Specify, in spouse's tax liabilithe amount of incor	s NO n the ty or ne de	T paid on a regular basi- lines below, the basis for the spouse's support of pervoted to each purpose.	s for the or exclusiversons If neces on the approximation in the approxi	household expending the Column other than the desary list addition	nses B		
	b.			\$		00			
	C.			\$		00			
	Total and enter on Line 19.			, p	0.	00		0	0.00
20	Current monthly income for §	§1325(b)(3). Subtra	act L	ine 19 from Line 18 and	l enter tl	ne result.		\$	0.00
21	Annualized current monthly in number 12 and enter the result.								47,109.20
22	Applicable median family inc	ome. Enter the am	nount	from Line 16.				-	05,175.00
	Application of §1325(b)(3). C	heck the applicable	box	and proceed as directed				Φ.	
23	The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is deter under §1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.						ermined		
23	The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under §1325(b)(3)" at the top of page 1 of this statement and continue with Part VII of this statement. Do not complete Parts IV, V or VI.								
	Part IV. CA	ALCULATION	OF	DEDUCTIONS F	ROM	INCOME			
				ards of the Internal			(RS)		
24A	National Standards: food, apprinted in line 24 Expenses for the applicable number the clerk of the bankruptcy court allowed as exemptions on your further whom you support.	A the "Total" amounder of persons. (The applicable records)	unt fr iis int numb	om IRS National Standa formation is available at er of persons is the num	ards for www.u ber that	Allowable Livingsdoj.gov/ust/ or by would currently	from	\$	1,450.00
24B	National Standards: health car of-Pocket Health Care for person of-Pocket Health Care for person www.usdoj.gov/ust/ or from the opersons who are under 65 years of years of age or older. (The application that would currently be allowed a additional dependents whom you under 65, and enter the result in Land older, and enter the result in Land older, and enter the result in Land older.	s under 65 years of s 65 years of age or clerk of the bankrup of age, and enter in a cable number of per s exemptions on you support.) Multiply Line c1. Multiply L	age, rolde otcy control time constant feet and the constant feet a	and in Line a2 the IRS er. (This information is court.) Enter in Line b1 b2 the applicable number in each age category is ederal income tax returns a 1 by Line b1 to obtain a 2 by Line b2 to obtain a	Nationa available the appler of per the number of plus the atotal atotal areas available.	I Standards for Ce at licable number of sons who are 65 aber in that catege number of any amount for person nount for person	ory ons s 65		.,
	Persons under 65 years of age		Pers	ons 65 years of age or	older	_			
	a1. Allowance per person	60.00	a2.	Allowance per person		144.00			
	bl Number of persons	4	b2.	Number of persons		0			
	c1. Subtotal	240.00	c2.	Subtotal		0.00		\$	240.00
25A	Local Standards: housing and u Utilities Standards; non-mortgage available at www.usdoj.gov/ust/ o consists of the number that would the number of any additional depo	e expenses for the a or from the clerk of I currently be allow	pplic the b	able county and family pankruptcy court.) The a sexemptions on your fee	size. (Tl applicab	nis information is le family size	S	\$	715.00

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				4
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, IRS Housing and Utilities Standards; mortgage/rent expense for your coun is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy cour consists of the number that would currently be a lowed as exemptions on you number of any additional dependents whom you support); enter on Lin Monthly Payments for any debts secured by your home, as stated in Line 4 enter the result in Line 25B. Do not enter an amount less than zero.	aty and family size (this information rt) (the applicable family size your federal income tax return, plus the b the total of the Average	1	
	I IDG II	\$ 2,953.00		
	Average Monthly Payment for any debts secured by your home,	5 0.00		
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$	2,953.00
20	Local Standards: housing and utilities; adjustment. If you contend that and 25B does not accurately compute the allowance to which you are entit Utilities Standards, enter any additional amount to which you contend you your contention in the space below:	led under the IRS Housing and	\$	0.00
	Local Standards: transportation; vehicle operation/public transportation	In a second of the second of t	- 1	0.00
27A	expense allowance in this category regardless of whether you pay the experegardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or are included as a contribution to your household expenses in Line 7. If you checked 0, enter on Line 27A the "Public Transportation" amount from Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operational Standards: Transportation for the applicable number of vehicles in the Statistical Area or Census Region. (These amounts are available at <a amount="" applicable="" clerk="" from="" href="https://www.us.the.org/www.us.t</td><td>nses of operating a vehicle and NEW YORK for which the operating expenses 1 0 1 2 or more. om IRS Local Standards: rating Costs" irs="" metropolitan="" of<="" or="" stooj.gov="" td="" the="" ust=""><td>\$</td><td>182.00</td>	\$	182.00	
27B	Local Standards: transportation; additional public transportation expenses for a vehicle and also use public transportation, and you contend additional deduction for your public transportation expenses, enter on Line amount from the IRS Local Standards: Transportation. (This amount is ava from the clerk of the bankruptcy court.)	that you are entitled to an 27B the "Public Transportation"	\$	0.00
	Local Standards: transportation ownership/lease expense; Vehicle 1. Cleable which you claim an ownership/lease expense. (You may not claim an owner two vehicles.) I 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line a and enter the result in Line 28. Do not enter an amount less than z a. IRS Transportation Standards, Ownership Costs b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47 c. Net ownership/lease expense for Vehicle 1	Local Standards: Transportation enter in Line b the total of the Line 47; subtract Line b from	S	0.00

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	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28.		
29	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.		
	a. IRS Transportation Standards, Ownership Costs \$ 517.00		
	b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 \$ 0.00		
	c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a.	\$	0.00
30	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.	\$	1,294.00
31	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.	\$	0.00
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life	\$	0.00
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due support obligations included in Line 49.	\$	0.00
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$	0.00
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$	1,000.00
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and we fare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.	\$	0.00
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunications services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$	0.00
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.	\$	7,834.00
20	Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 24-37	Ψ	7,83

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	He	ealth Insurance, Disability In	isurance, and Health Savings Acc	count Expenses. List the monthly		
	VO	ur dependents.	t in lines a-c below that are reasona	bly necessary for yourself, your spouse, or		
		a. Health Insurance		\$ 0.00		
		b. Disability Insurance				
39		c. Health Savings Accou	nt	A		
	To	tal and enter on Line 39		\$ 0.00	\$	0.00
			his total amount, state your actual	total average monthly expenditures in the		0.00
	spa	s 0.00	,	total average monthly expenditures in the		
		*	care of household on family	bers. Enter the total average actual		
40	1110	nuny expenses that you will c	ontinue to pay for the reasonable at	nd necessary care and support of an		
40	ela	erly, chronically ill, or disable	d member of your household or me	mber of your immediate family who is		
	una	able to pay for such expenses.	Do not include payments listed i	n Line 34.	\$	0.00
41	Pro	otection against family violer	nce. Enter the total average reasona	bly necessary monthly expenses that you		
41	act	ually incur to maintain the safe	ety of your family under the Family	Violence Prevention and Services Act on		
	Ho	ma approache rederat raw. The	hature of these expenses is require	d to be kept confidential by the court.	\$	0.00
12	Sta	ndards for Housing and Utiliti	es that you actually expend for hon	eess of the allowance specified by IRS Local ne energy costs. You must provide your		
42	cas	e trustee with documentation	n of your actual expenses, and vo	u must demonstrate that the additional		
	am	ount claimed is reasonable a	nd necessary.		\$	0.00
	Edi	ucation expenses for depende	ent children under 18. Enter the to	tal average monthly expenses that you		
	acu	ially incur, not to exceed \$14/	.92* per child, for attendance at a r	private or public elementary or secondary		
43	doc	umentation of your actual ex	n less than 18 years of age. You mu	ust provide your case trustee with ny the amount claimed is reasonable		
	and	necessary and not already a	accounted for in the IRS Standard	ds.	\$	0.00
	Add	ditional food and clothing ex	pense. Enter the total average mon	thly amount by which your food and		
	clot	ning expenses exceed the com	ibined allowances for food and clot	hing (apparel and services) in the IRS		
44	WW	w.usdoi.gov/ust/ or from the c	5% of those combined allowances.	(This information is available at must demonstrate that the additional		
	amo	ount claimed is reasonable a	nd necessary.	nust demonstrate that the additional	\$	0.00
	Cha	aritable contributions. Enter	r the amount reasonably necessary	for you to expend each month on		
45	chai	ritable contributions in the form	m of cash or financial instruments t	o a charitable organization as defined in		
				15% of your gross monthly income.	\$	0.00
46	Tota	al Additional Expense Deduc	etions under § 707(b). Enter the tot	al of Lines 39 through 45.	\$	0.00
			Subpart C: Deductions for D		Ψ	0.00
	Futi	ure payments on secured cla		secured by an interest in property that		
	you	own, list the name of creditor,	identify the property securing the	debt, and state the Average Monthly		
	Payı	nent, and check whether the p	ayment includes taxes and insurance	e. The Average Monthly Payment is the		
	total	of all amounts scheduled as c	contractually due to each Secured C	reditor in the 60 months following the		
	total	of the Average Monthly Payn	nents on Line 47.	nal entries on a separate page. Enter the		
47		Name of Creditor	Property Securing the Debt	Average Does payment		
	l l			Monthly include taxes or		
	a.	Bethpage Federal Credit	residence	Payment insurance?		
	b.	Infiniti Financial Service	residence	\$ 2,715.00 yes no		
	c.	Acura Financial Service		\$ 871.00 yes no		
	· .	reara i maneial Service		\$ 331.66 yes \(\frac{1}{2} \) no Total: Add Lines		
					\$ 3.0	917.66
					٥,-	717.00

48	a motor vehicle, or other property n include in your deduction 1/60th of to the payments listed in Line 47, in	ecessary for your support or the any amount (the "cure amount") n order to main ain possession of ast be paid in order to avoid repos	47 are secured by your primary residence, support of your dependents, you may) that you must pay the creditor in addition the property. The cure amount would ssession or foreclosure. List and total any ries on a separate page.		
	Name of Creditor	Property Securing the De	bt 1/60th of the Cure Amount		
	a.		\$ 0.00		
	b.		0.00		
	c.		\$ 0.00		
48			Total: Add Lines a, b and c	\$	
-10	Payments on prepetition priority	claims. Enter the total amount, d	divided by 60, of all priority claims, such as	100	0.00
49	priority tax, child support and alimo Do not include current obligation	ony claims, for which you were li s, such as those set out in Line	iable at the time of your bankruptcy filing. 33.	S	0.00
	Chapter 13 administrative expense resulting administrative expense.	ses. Multiply the amount in Line	a by the amount in Line b, and enter the	Ψ	0.00
	a. Projected average monthly	Chapter 13 plan payment.	\$ 0.00		
50	schedules issued by the Exe	district as determined under cutive Office for United States is available at www.usdoj.gov/uskruptcy.court.)			
	c. Average monthly administra	ative expense of Chapter 13 case	Total: Multiply Lines a and b	0	0.00
51	Total Deductions for Debt Paymer	nt. Enter the total of Lines 47 th		\$	3,917.66
		Subpart D: Total Deductions	from Income	\$	
52	Total of all deductions from incom				11,751.66
			E INCOME UNDER § 1325(b)(2)	\$	11,731.00
53	Total current monthly income. En		0 (//	\$	12,259.10
54	Support income. Enter the monthly disability payments for a dependent nonbankruptcy law, to the extent rea	child, reported in Part I, that you	received in accordance with applicable	\$	0.00
55	Qualified retirement deductions. wages as contributions for qualified repayments of loans from retirement	retirement plans, as specified in	l amounts withheld by your employer from § 541(b)(7) and (b) all required 19).	\$	0.00
56	Total of all deductions allowed une	$der \S 707(b)(2)$. Enter the amour	nt from Line 52.	\$	11,751.66
	which there is no reasonable alternate	ive, describe the special circums al entries on a separate page. To use trustee with documentation	ances that justify additional expenses for stances and the resulting expenses in lines of the expenses and enter the total in of theses expenses and you must make such expenses necessary and		
			1		
	Nature of special	circumstances	Amount of expense		
57	Nature of special a.	circumstances	Amount of expense		
57		circumstances			
57	a.	circumstances	\$		

			0
58	Total adjustments to determine disposable income. Add the amounts on Lines the result.	s 54, 55, 56 and 57 and enter	\$ 11,751.66
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line	53 and enter the result.	\$ 507.44
	Part VI: ADDITIONAL EXPENSE CI	LAIMS	
	Other Expenses. List and describe any monthly expenses, not otherwise stated if and welfare of you and your family and that you contend should be an additional under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate pagmonthly expense for each item. Total the expenses.		
60	Expense Descript on	Monthly Amount	
	a.	\$ 0.00	
	b.	\$ 0.00	
	C.	\$ 0.00	
	Total: Add Lines a, b and c	0.00	
	Part VII: VERIFICATION		
61	I declare under penalty of perjury that the information provided in this statement is both debtors must sign.) Date: 8-6-2012 Signature:		oint case,

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Income Month 1 Gross wages, salary, tips Income from business Rents and real property income Interest, dividends			Y		
Income from business Rents and real property income			Income Month 2		
Rents and real property income	6,358.00	5,901.10	Gross wages, salary, tips	6,358.00	5,901.1
	0.00	0.00	Income from business	0.00	0.0
Interest dividends	0.00	0.00	Rents and real property income	0.00	0.0
interest, dividends	0.00	0.00	Interest, dividends	0.00	0.0
Pension, retirement	0.00	0.00	Pension, retirement	0.00	
Contributions to HH Exp	0.00	0.00	Contributions to HH Exp	0.00	0.0
Unemployment	0.00	0.00	Unemployment		0.0
Other Income	0.00	0.00	Other Income	0.00	0.0
	0100	0.00	other meone	0.00	0.0
Income Month 3		<u>.</u>	Income Month 4		
Gross wages, salary, tips	6,358.00	5,901.10	Grand warden and and time		
Income from business	0.00	0.00	Gross wages, salary, tips	6,358.00	5,901.10
Rents and real property income			Income from business	0.00	0.00
Interest, dividends	0.00	0.00	Rents and real property income	0.00	0.00
C = 00 000 0000 00000000000000000000000	0.00	0.00	Interest, dividends	0.00	0.00
Pension, retirement	0.00	0.00	Pension, retirement	0.00	0.00
Contributions to HH Exp	0.00	0.00	Contributions to HH Exp	0.00	0.00
Unemployment	0.00	0.00	Unemployment	0.00	0.00
Other Income	0.00	0.00	Other Income	0.00	0.00
Income Month 5			Income Month 6		
Gross wages, salary, tips	6,358.00	5,901.10	Gross wages, salary, tips	6,358.00	5,901.10
Income from business	0.00	0.00	Income from business	0.00	0.00
Rents and real property income	0.00	0.00	Rents and real property income	0.00	0.00
Interest, dividends	0.00	0.00	Interest, dividends	0.00	0.00
Pension, retirement	0.00	0.00	Pension, retirement	0.00	0.00
Contributions to HH Exp	0.00	0.00	Contributions to HH Exp	0.00	0.00
Unemployment	0.00	0.00			0.00
Other Income	0.00	0.00	Other Income	0.00	0.00
	Additional	Items as 1	Designated, if any		
	0.00	0.00	Unemployment	0.00	